

COUNTY OF SAN DIEGO DOWNPAYMENT & CLOSING COST ASSISTANCE (DCCA) PROGRAM

BOARD OF SUPERVISORS

GREG COX First District

DIANNE JACOB Second District

PAM SLATER-PRICE Third District

RON ROBERTS

BILL HORN Fifth District

Date: _____

INCOME TAX AFFIDAVIT

Effective August 1, 2005

To be completed only if applicant was not required by law to file income tax returns.
1. I hereby certify that I am a first time homebuyer and that I have not owned a principle residence for the last three years. I also certify that I was not required by law to file a Federal Income Tax return for the following year(s) for the reason(s) stated below.
<u>State Reason</u> – state legal reason you were not required to file tax returns for the year(s) referenced above:
I acknowledge and understand that this Affidavit will be relied upon for purposes of determining my eligibility for a DCCA loan. I acknowledge that a material misstatement negligently made by me in connection with an application for a DCCA loan will constitute a federal violation punishable by a fine, and a material misstatement fraudulently made in this Affidavit or in any other statement made by me in connection with the application for a DCCA loan will constitute a federal violation punishable by a fine, and any other penalty imposed by law. In addition, any material misstatement or false statement, which affects my eligibility for a DCCA loan, will result in a denial of my application for a DCCA loan.
I further acknowledge that if any information or certification I provide contains a material misstatement that is due to fraud, then the DCCA loan will automatically become due and payable to the COUNTY OF SAN DIEGO.
I am signing this Income Tax Affidavit for one of the two reasons stated and checked above.
Name of Applicant (print or type):
Social Security Number:

Signature of Applicant: